

WORK PROCESS

DEPARTMENT: Utilization Management	POLICY ID: LA.UM.02.13
EFFECTIVE DATE: 2/1/15	WORK PROCESS NAME: Disclosure of Medical Necessity Criteria
POLICY NAME: Clinical Decision Criteria and Application	REVIEWED/REVISED DATE: 11/14, 6/15, 5/16, 4/17, 4/18, 4/19, 8/19, 4/20, 1/21, 1/22, TBD
RETIRED DATE: NA	

SCOPE:

This policy applies to the Louisiana Healthcare Connections (Plan) Utilization ~~Medical~~ Management ~~Department~~ staff.

PURPOSE:

The purpose of this work process is to ~~To~~ provide direction for tracking disclosure of criteria utilized for medical necessity denial decisions, (e.g. InterQual®, American Society of Addiction Medicine (-ASAM) or Clinical Policy).

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The Plan ~~s~~ utilizes specified medical criteria (e.g., InterQual®, ASAM or Clinical Policy), to guide medical necessity decisions for services requiring authorization, including specialist referrals.

Treating practitioners are notified via the Provider Manual, newsletters, and denial letters of the criteria utilized by the Plan, as well as their right to request a copy of criteria, free of charge, at any time and how to do so.

All denial notices to providers will include:

- Instructions for accessing the applicable law, regulation, policy, procedure, or medical criteria or guideline in the public domain; OR
- A copy of the applicable law, regulation, policy, procedure, or medical criteria or guideline

Request for Release of Criteria:

In accordance with House Bill (HB) 424/Act 330, in the event that a provider is interested in obtaining a copy of criteria related to a covered service, the provider is able to request the criteria by submitting an email request to the designated email box exclusively used for prior authorization (PA) criteria requests. ~~The~~ process for responding to provider email requests for criteria is as follows:

1. A dedicated team will monitor this exclusive email box 7 days a week, including weekends and holidays.
2. The team consists of Utilization Management (UM) ~~management~~ staff who will be responsible for monitoring the mailbox and identifying the correct criteria set(s) requested. The staff can forward a copy of the full requested criteria set, or a link to the corresponding criteria if located in the public domain.
3. There will be a designated Behavioral Health management staff member as well as a Physical Health management staff member assigned at all times ~~in order~~ to ensure correct criteria sets are identified and sent to the provider within applicable timeframes.
4. The dedicated team will provide the requested criteria to the provider within 24 hours of the request via response from the dedicated email box. The mailbox will date and timestamp the time of each request received and the date and time of the response for tracking purposes.
5. Each response will include a standard copyright statement as the signature for all criteria sets sent out of the mailbox to identify that it is copyrighted material and cannot be reproduced.
6. In the event that a provider submits an unclear or incomplete request for criteria, assigned management staff member will respond to the provider requesting clarification or criteria requested. Regardless of whether the provider responds with clarification or not, staff will respond with as specific criteria as possible based on the information provided by the provider via the email request within the applicable timeframes, not to exceed 24 hours from the time of initial request for criteria email.
7. In the event that a file is too large to be sent in one email response, staff will respond in the following manner within the applicable 24 hour time frame from receipt of email request:
 - Staff may split large criteria files into several documents and submit in several subsequent emails through as many attempts as needed for email to be submitted successfully to provider.
 - If emailed file is still too large to be sent over in multiple emails, staff may fax the request if the fax number is provided by provider. Staff may submit email response requesting fax number by provider if it is needed and not present with initial email request. Again, if files are too large to be faxed, staff must attempt to submit requested criteria via several faxes until successful submission of criteria via fax occurs. Corresponding email will still be sent to the provider notifying them that the file was too large and will be sent via fax.

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- If faxed file is still too large to be sent over in multiple emails, staff may physically mail the full criteria sets upon return on the next business day by utilizing the Outbound Mail process, including placing file in a large file envelope, placing appropriate address labels, and placing in the appropriate box for outbound mail. In response to the original email, staff will also still attempt to send a copy of the criteria in as big of a file as possible via email or fax as well as notifying the provider via email within the 24 hour turnaround time that:
 - The file was too large to be submitted fully via email or fax and that attempts were made to submit as much of the criteria as possible in said email
 - A full copy of the criteria will be mailed to provider upon receipt of appropriate mailing address upon the next business day
- 8. A report will be monitored on a regular basis to report mailbox activity, including requests, turnaround time, and compliance with the 24 hour response requirement.
- 9. UM ~~Management~~ staff will create a Release of Criteria note type within the authorization screen in the clinical documentation system, if applicable, to a request for a criteria that is specific to a particular member or authorization. The note will contain the following information:
 - Click "Add Note" within the applicable authorization number
 - Select "Note Type" - Release of Criteria
 - Complete the applicable fields:
 - Method of release: Complete from dropdown selection
 - Released to: Complete name and address or phone or fax number
 - InterQual® version: Enter the year (***Applies only to InterQual®***)
 - Criteria set: Complete from dropdown selection (***Applies only to InterQual®***)
 - Subset: Enter applicable subset, e.g., "General Surgical" (***Applies only to InterQual®***)
 - Name of Clinical Policy released: e.g., "DME Coverage Guidelines" – CP.DME.04, printed from Archer GRC
 - Date of release: Month, Date and Year
 - Note Text field: Enter any additional information

REFERENCES:

Current NCQA Health Plan Standards and Guidelines
 LA.UM.02 - Clinical Decision Criteria and Application
 CC.COMP.04 – Confidentiality of PHI
 HB 424/Act 330

ATTACHMENTS:

DEFINITIONS:

SUPPORT/HELP:

Resources available to support users of the P&P. Phone numbers, training programs, classes, and/or offices available to help with carrying out the procedure/work process:

REVISION LOG

<u>REVISION TYPE</u>	<u>REVISION SUMMARY</u>	<u>DATE APPROVED & PUBLISHED</u>
New	LA Procurement 2015 Policy Update Adapted to LA policies	11/14
Annual	Updated NCQA reference	6/15
Annual	Added Trademark symbol to InterQual Changed Case Manager to CCR or PA Nurse	5/16
Annual	Updated that Practitioners will be also notified with denial letters	4/17
Annual	Grammatical Changes	4/18
Annual	Minor Grammatical Changes and change Compliance 360 to Archer GRC	4/19
Ad hoc	Added new process related to provider release of criteria and applicable timeframes as per new House Bill 424- Act 330 requirement	8/19

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	Added reference to HB 424/Act 330	
Annual	Added ASAM Criteria Grammatical changes	4/20
Annual	No revisions	01/21
Annual	No revisions	01/22
Annual Review	<u>Update to CNC Work Process template. Added “free of charge” to Work Process section to address NCQA UM Standard. Reviewed HB 424/Act 330, no updates needed.</u>	01/23

WORK PROCESS APPROVAL

The electronic approval retained in Archer is considered equivalent to an actual signature on paper.